

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/544782

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4		1		1		
5		3		1		
6		4		1		
7		3		1		
8		4		1		
9		3		1		
10		4		1		
11		3		1		
12		4		1		
13		3		1		
14		4		1		
15		4		1		
16		①		1		
17		2		1		
18		4		1		
19		3		1		
20		4		1		
21		4		1		
22		①		1		
23		4		1		
24		①		1		
25		4		1		
26		4		1		
27		①		1		
28		3		1		
29		4		1		
30		4		1		
31		①		1		
32		①		1		
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TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	92	←	31	←		←
TOTAL CLAIMS	95		34			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						